Florida Department of Health
Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:
Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

☐ **Check here and sign/date below if your child does not receive meals while in care**

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Tuesday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Wednesday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Thursday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Friday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Saturday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐
Sunday	a.m. _____ p.m. to a.m. _____ p.m.	Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Eve Snack ☐

☐ **Check here and sign/date below if your child has no regularly scheduled hours of care**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____